

wards the centre of the abdomen ; and the right kidney was thrust upward, and occupied a transverse position to the spine. The neck of the bladder was surrounded with the disease ; but owing, possibly, to its soft consistence, it had not interfered with the calibre of the urinary passage. Indeed, there was no space within the right side of the pelvis, but what was occupied with the morbid growth, to the dislodgement or destruction of every organ naturally belonging to that cavity.

There were found some adhesions of the surface of the liver, as well as that of the descending colon, to the opposite peritoneal surfaces, which were considered to be of long standing, and the result of some former disease.

The nature of the tumor was decidedly *encephaloid* ; it had the color and consistence of the medullary part of the brain ; and when placed on the field of the microscope, it exhibited the angular and caudate cells of that malignant disease. A mass of the disease, sufficient to fill a wash-hand basin, was removed ; and, judging from the weight of that, and from what appeared to remain in the body, the whole must have weighed, at least, fifteen pounds.

The causes which seemed to have invested this case, in its early stage, with more than usual obscurity, were—its locality ; the absence of every known hereditary taint ; the apparent exemption of the patient from any antecedent symptoms of strumous or carcinomatous disease ; and likewise the perfect assimilation of the symptoms of its early stage to those of sciatica. The disease originated, undoubtedly, within the basin of the pelvis, posterior to the peritoneum ; in the neighborhood, and involving in some way, either by contiguity or aggregation, the sciatic nerve. Before the tumor was detected by manual examination, beneath the edge of the ilium, it had absorbed a circular portion of that bone, and forced itself through the opening, thus made, pressing upon the inner surfaces of the gluteal muscles, and exhibiting, by its prominence and elasticity, the appearance of an abscess ; a deception, which, although suspected, was only entirely removed by exploration.

Bangor, Me., Jan. 8, 1855.

D. McRuer, M.D.

CASE OF EARLY LIVE BIRTH.

~ [Communicated for the Boston Medical and Surgical Journal.]

IN the Boston Medical and Surgical Journal for Nov. 15, 1854, there is quoted from the Edinburgh Monthly Journal of Medical Science, the case of a foetus born *alive* in the fourth month of pregnancy, which lived, or manifested signs of vitality, for nearly an hour. I have recently met with a case scarcely less remarkable, and herewith send it to you.

On the 26th of December last, I was called to attend a woman in labor, who had previously miscarried three times. She was in the sixth month of gestation, having last menstruated on the 5th of August. When the foetus was expelled, pulsation in the cord was strong and regular, and the movements of the child quite lively. The pulsation

ceased in a few minutes, and I then tied and cut the cord, and extracted the placenta without difficulty (there had been very little hemorrhage previous to the birth). The child cried a little, or attempted to, and breathed with a good deal of vigor; moved its limbs, and acted like a great many other feeble, premature children. Not supposing that it would live beyond a few minutes, I neither weighed nor measured it. Its eyes were closed, but mouth was open, and the old nurse who was in attendance subsequently assured me that the child had actually swallowed a little sugar and water. This, of course, I do not vouch for. I had the specimen wrapped up first in cotton batting, then in a flannel petticoat, and laid on a bench by the stove. At my visit next morning, on making some inquiries, I found that the child had actually lived, breathed and moved, occasionally giving utterance to a feeble cry or moan, for ten hours.

I do not know, Messrs. Editors, that this case is of any special practical importance, but it may possibly have hereafter some bearing, in a medico-legal point of view, and I therefore submit the simple statement of the fact while fresh in my memory, that you may make such disposition of it as you may think proper.

W. B. CASEY.

Middletown, Conn., January, 1855.

DEATH FROM FRACTURE OF THE INFERIOR MAXILLARY BONE.

[Communicated for the Boston Medical and Surgical Journal.]

ON the morning of Thursday, the 30th ult., S. M., a seaman, 43 years of age, much shattered in constitution, while riding upon a load of hay which he was driving, two miles below Rough and Ready, the team took a sudden start, precipitating him from his seat to the ground in front of the forward wheels of the wagon. One of them passed over his head, causing a severe fracture of maxilla inferior; the line of solution commencing about the eighth of an inch to the right of the symphysis, running downward and inward, obliquely, and departing about half an inch from a perpendicular line. My old friend, Dr. Crather, was called upon at Rough and Ready, who adjusted the injury, whereupon he was brought to the house of an acquaintance, half a mile from this place.

Friday morning, the 1st inst., I was called upon to continue the treatment of the case. As a portion of the dressing was ill borne, we changed it, attaching the teeth with dentists' silk, and employing the four-tailed bandage in the usual way. The jaw, however, was the most miserable specimen of osteology we ever saw, to become the subject of fracture. The upper teeth, in toto, save an incisor snag, were wanting, and pieces of cork, though of little avail, were used in their stead. Here let me remark, from outside cases, as well as from a most pertinacious employment in this, of every ordinary mechanical means, to retain the fractured portion of the maxilla in situ, that in such distorted conditions of the mouth, as that referred to above, no mechanical appliance will succeed in causing a cure without deformity, save apparatus like, or on the principle of, that of Lonsdale.